

**CERTIFICATE OF RECEIPT, READING,
AND AGREEMENT TO ABIDE BY COMPLIANCE PLAN**

- 15.1 The undersigned *member* or employee has received and read the above Compliance Plan of MAN.
- 15.2 The undersigned agrees to abide by the Compliance Plan in all respects.
- 15.3 The undersigned agrees that they will not engage or permit those over whom they have responsibility to engage in conduct or behavior which is contrary to the policies, statements, and procedures stated herein.
- 15.4 The undersigned understands that such action or failure of action on their part is subject to disciplinary sanction, including dismissal, and could result in violations of civil or criminal conduct.
- 15.5 In cases of doubt as to whether to act in a certain manner or to report a certain perceived noncompliance, the undersigned will promptly consult the Compliance Officer or his designee.
- 15.6 The undersigned acknowledges that he or she has the right to request anonymity in reporting noncompliance, and that under such circumstances the Compliance Officer or his designee is required to use all reasonable efforts not to disclose the identity of the complainant.
- 15.7 The undersigned acknowledges that MAN has a policy of non-retribution for complaints against employees in regard to noncompliance, and that the employee will not be adversely affected for making a good faith complaint concerning a supervisor's noncompliance, even if that complaint should ultimately prove to be invalid.

- 15.8 The undersigned acknowledges that as of the date of signing this Certificate, that the undersigned knows of no violations of any health care laws, rules, or regulations that have not been rectified by this Compliance Plan, including its policies and procedures; or, alternatively, if such violations are known to exist, they are stated below:

Signature of *Member or Employee*

Printed Name of *Member or Employee*

Date Signed